

play, sing, laugh, and dance. Unfortunately, he is immune-suppressed, and will be for the rest of his life. He takes eight medications twice daily, and must adhere to a very strict schedule to control the levels of medication in his system. Too little and he is at risk of rejecting his heart. Too much and the medications trigger kidney failure and disable his immune system, making him even more vulnerable to every germ around.

I tell Joshua's story because, quite frankly, if the health care plans being promoted by the administration and by my Democratic colleagues were to become law, I'm not confident that Josh would be here today. I know that his mother is deeply concerned that, with government-run health care, she might not have had the choice to deliver her baby or to have access to the life-saving medical procedures needed to keep him healthy and alive.

In a massive government-run bureaucracy, Americans may not have the freedom to make the individual decisions that Brittany Kraft made to bring little Joshua into this world. She was in a position to not accept the word of a doctor and was able to search across the Nation for a better chance at life for her unborn son.

While some maintain that Americans like Brittany can stay on their private plans to keep government out of Joshua's health care, they are not considering the far-reaching implications of the government plan. A government-run plan means bureaucrats make the decisions and that private insurers will be forced to follow suit to remain competitive.

There is valid concern that otherwise healthy people will flock to the cheaper government plan and that sick people will try to stay on private plans, putting private insurers out of business.

Joshua's story puts all of this in a crystal-clear context for me, and I urge all of my colleagues to remember Josh Loya as we go back home for the August recess and talk to our constituents about health care reform. Any reform must include freedom for individuals and for their doctors to make their own personal health decisions.

HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PASCRELL) is recognized for 5 minutes.

Mr. PASCRELL. This is a golden opportunity right after we've heard what we've just heard. We are empathetic, but we want to dispel the misinformation. As to the gentleman who just spoke before me, I don't know what plan he is referring to. So this is what has been propagated from the other side about the health care system envisioned in America's Affordable Health Choices Act. I'm going to address that tonight.

I've heard many of my colleagues across the aisle claim that the Demo-

crats' health care proposal will result in rationing and in the loss of choice. Tonight, let me address that, because, if it did, I would not support it nor would my fellow Democrats. I've heard anecdote after anecdote from the other side about a man here or about a woman there who had to wait for care in Canada or in England, and I do empathize with their stories.

Let's be clear. Our health care plan absolutely does not envision a Canadian-style system. We're Americans. We propose an American system with choice and competition. We are not socializing medicine, and we're not rationing care. This is rhetoric designed to stir fear and to slow down efforts to bring real reform to our system. With that said, I want to share with you a story, not from Canada, not from England, not from Mars, but from right here in the United States—from Montclair, New Jersey, my district.

Jodi, one of my constituents, has been self-employed for 20 years as a dietitian. When she got divorced, she had to pay nearly \$500 a month for COBRA coverage. After a year and a half of timely payments, her plan notified her that her insurance was canceled because the automatic withdrawal from her bank account was processed a day late.

I want to be on the side of those who are going to support folks like this. I do not want to be on the side of those who will perpetuate the support of insurance companies, and that's what we're talking about here. Over the next several months, that's what we will continue to talk about.

There was no appeal available, and Jodi was not notified until 6 weeks after she lost coverage, so it was too late for her to be eligible for HIPAA, protections related to preexisting conditions. When she finally found insurance on the individual market, all of her preexisting conditions were excluded for a year.

Read the bill. When she needed blood work because she was having unexplainable weight gain, the insurance company denied coverage for her tests because of a preexisting thyroid condition even though she had never experienced these symptoms before.

Read our bill. When she had pain in her foot, the insurance company denied coverage for a doctor visit because she had been to a dermatologist 9 months prior for a wart.

What is different about this story from the stories brought to us from the other side of the aisle is that we have the numbers that prove that Jodi was not alone when she was denied the care that she needed.

If you want to talk about rationing, then let's talk about these numbers: 53 percent of Americans cut back on their health care in the last year because of costs. Between January of 2000 and this year, 5 million families filed for bankruptcy because of medical bills. About one-third of the uninsured have a chronic disease. They are six times less

likely to receive care for a health problem than are the insured.

Read the bill. There are 25 million Americans who are underinsured, which means that at least 25 million Americans face premiums, copays and deductibles that they can hardly afford. For these people, people who have insurance, price stands between them and the care they need and the treatments their doctors prescribe. Another 46 million are uninsured with no protection whatsoever from these costs. As many as 22,000 Americans die each year because they don't have health insurance. Read the bill.

That's rationing my friends. That's rationing.

As costs continue to rise, these numbers will grow and grow, so please don't preach to us about rationing. Plans offered by the other side fail to reduce the number of uninsured; they fail to rein in health care costs; and they erode the employer-provided coverage, the one mode of insurance that has kept us from slipping over the precipice.

Our bill, America's Affordable Health Choices Act, will expand access to health care; it will rein in health care costs; and it will end needless rationing in this country.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kentucky (Mr. YARMUTH) is recognized for 5 minutes.

Mr. YARMUTH. Mr. Speaker, we are on the verge of something very significant in this body and in this Congress. I am proud to join my colleagues from the Ways and Means Committee here tonight to talk about the prospects of health care reform in this country.

I heard the other day that it was in 1912 that President Teddy Roosevelt first talked about proposing a national health care system for the United States. Today, we're still the only industrialized nation that doesn't have health care for all of its citizens. We believe it's time, almost 100 years later, to try and get this accomplished for the American people.

Now, a little earlier, my colleague from Texas—my colleague, friend and classmate from college—talked about polls that are out this week that indicate that the American people have somehow turned against the President in his quest to provide health care reform in this country. But what he didn't mention was the other part of that poll, which said, once people understand what H.R. 3200 does, they overwhelmingly support it.